

Chart 2
Monthly Insurance Rates For Retiree
Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental Coverage
For Retirees Insured In The Non-Medicare Plans
Rates For Monthly Payroll Deduction, and Direct Payment Purposes
Effective For The Premium Due July 1, 2007

Type Of Coverage	Premium Amount To Be Deducted on Payroll				Full Cost Premium	
	Retirees Retired On or before July 1, 1994		Retirees Retired After July 1, 1994			
Basic Life \$5,000 Coverage Only	\$0.69		\$1.03		\$6.85	
MetLife Retiree Dental Coverage	Individual	Family	Individual	Family	Individual	Family
	\$23.93	\$57.64	\$23.93	\$57.64	\$23.93	\$57.64
Health Plan Costs (Including Basic Life \$5,000 Insurance)	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Commonwealth Indemnity Plan Basic with CIC*	\$90.41	\$209.65	\$124.23	\$288.16	\$699.34	\$1,622.85
Commonwealth Indemnity Plan Basic without CIC	67.67	157.03	101.49	235.54	676.60	1,570.23
Commonwealth Indemnity Plan Community Choice*	30.83	72.96	48.66	115.24	356.63	845.72
Commonwealth Indemnity Plan PLUS*	41.18	97.25	65.01	153.63	476.80	1,127.73
Fallon Community Health Plan-Direct Care	37.35	88.61	56.01	132.91	373.41	886.04
Fallon Community Health Plan-Select Care	43.95	103.32	65.92	154.98	439.46	1,033.19
Harvard Pilgrim Independence Plan*	46.25	110.82	70.47	168.87	484.45	1,161.20
Health New England	40.17	98.49	60.24	147.72	401.60	984.80
Navigator by Tufts Health Plan*	41.71	100.24	65.27	156.94	471.27	1,133.89
NHP Care	39.65	103.87	59.47	155.80	396.48	1,038.64

CIC: Catastrophic Illness Coverage

Individual CIC:\$22.74/monthly

Family CIC: \$52.62/monthly

* The Retiree share of the rates for these plans has been reduced by the following subsidized amounts from the employees' premium reserves.

** The subsidized amount is for catastrophic Illness Coverage (CIC).

Health Plan	Individual	Family
Commonwealth Indemnity Plan Basic with CIC**	\$9.73	\$22.70
Commonwealth Indemnity Plan Community Choice	4.84	11.62
Commonwealth Indemnity Plan PLUS	6.51	15.53
Harvard Pilgrim Independence Plan	2.20	5.31
Navigator by Tufts Health Plan	5.42	13.15